

Information for a Child Placement Assessment

Document #2
DRAFT

*This document has been compiled with information gathered from AZ, OH, and WI

Social Worker:				Phone #:	Study Approval Date:
Parent # 1	First	Middle	Last	(Maiden)	Pager or cell phone #: ()
					Work Phone #: ()
					Work Fax #: ()
Parent # 2	First	Middle	Last	(Maiden)	Pager or cell phone #: ()
					Work Phone #: ()
					Work Fax #: ()
Home Phone # ()				Home Fax # ()	

Applicant's Applying to Foster or Adopt? _____

Household Members (Please use another sheet if more room is needed)

	Applicant # 1	Applicant # 2	Household Member	Household Member	Household Member	Household Member
Name						
Relationship to Applicant #1 & #2						
Date of Birth/Age						
Driver's License Number						
Race						
Religious Affiliation						
Ethnic Background						
School Grade completed						
Marital Status (If currently married, date of marriage)						

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	Applicant # 1	Applicant # 2	Household Member	Household Member	Household Member	Household Member
College Education, if applicable						
Employer or source of Income (Name of Supervisor)						
How many years employed at this job						
	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Occupation						
Gross Annual Income						
Days/Hrs of work in normal work week						

Home Address: _____

Directions to Home: _____

Description of Home

Type of Residence	Total square footage of indoor living space:
# of Bedrooms	# of Bathrooms
Provide dimensions (square ft.) for each bedroom:	
Describe sleeping arrangements of present household members:	
Describe sleeping arrangements available for foster children:	

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Space Outside the Home

Outside Space: ☐ Patio ☐ Hot Tub ☐ Fenced Yard
☐ Detached Garage ☐ Handicapped Accessible ☐ Deck ☐ Shed/Barn
☐ Play Equipment ☐ Porch ☐ Fenced and Locked Gate
☐ Attached Garage ☐ Pool/Pond/Lake
Other(specify)_____

Other Household Member Information

Does any family member smoke? ☐ Yes ☐ No Is smoking allowed in the house? ☐ Yes ☐ No
Are there pets in the home? ☐ Yes ☐ No If yes,
list/describe_____
Are pets' vaccinations current? ☐ Yes ☐ No
Verified:_____

Business Within the Home

Do applicant's operate a business from the residence? ☐ Yes ☐ No Explain Nature of Business:
If Yes, is the business Child Care? ☐ Yes ☐ No
Is business Adult Day Care or Rooming House? ☐ Yes ☐ No
Verification of Child Care/Adult Care license/name of licensure
agent:_____
Describe impact of home business on Foster/Adopt plan:

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School District Information

Name of School District:		
	School Names	Distance to School/Transportation Arrangements
Elementary		
Middle/Junior High		
High School		
Technical School		

Does Applicant plan to home school? ☐ Yes ☐ No

If yes, indicate whether the applicant's home school plan has been approved by the school district:

☐ Yes ☐ No

Type of Verification and name of school official:_____

Transportation

Vehicles: ☐ Car (How Many_____) ☐ Truck ☐ Van ☐ Recreational Vehicle
☐ Motorcycle ☐ Other

Are vehicles in running condition? ☐ Yes ☐ No

Proof of insurance for all vehicles? ☐ Yes ☐ No

Insurance Agency Name and Policy Number:_____

Is the home on a city bus line? ☐ Yes ☐ No

If the family does not own an operating vehicle or live on a bus line what is the transportation plan for

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appointments and meetings? Does not having a vehicle impact their ability to meet the child's needs and visitation plans:

Licenses

Does family meet all HFS 56 licensing rules? Date licensing application completed and approved? Are there any exceptions? If so, please list:_____

Family was given and explained the HFS 56 licensing book and rules on the following date?

Mental Health, Alcohol, and Drug Treatment

Please indicate any household members who have received mental health services (therapy, counseling, in-patient treatment) or drug and alcohol treatment. Please list the individual's name, dates of treatment, and treatment outcome.

Military History

List any household member with a military history. Please include name, branch, date entered and discharge date from the service. Please include type of discharge. If the discharge was dishonorable, please explain._____

Verification of Discharge (document number):_____

Criminal History

Has anyone in the household ever been arrested or adjudicated? Y/N Even if that arrest did not result in a conviction? If so, please explain:_____

Has anyone had involvement with law enforcement? Y/N Even if that contact did not result in an arrest. If so, please explain:_____

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Does any adult living in the home have a criminal history ? ☐Yes ☐ No

If yes, please list:

Name	Type of Offense	City, State, Country	Date of conviction	Adjudication

Has any adult in the household been arrested or convicted of Driving While Intoxicated (DWI) or Driving Under the Influence(DUI)? ☐Yes ☐ No If yes, please list:

Name	# of Arrests	# of convictions	Approximate Date of Last Conviction	City and State of Last conviction	On Probation?	License Suspended or Revoked?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification of DUI/DWI offense (how it was verified and the documentation number)?

List any treatment outcomes related to the offense. What type of treatment completed? List verification of treatment information._____

Residential, Employment and Marital History (Add Extra Sheets if Needed)

	Applicant # 1	Applicant # 2
Residential History		
Has the applicant been a Wisconsin resident for the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No How verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No How verified:
List residences for the last 5 years (complete mailing address): Date moved to current address:		
Previous address (complete mailing address): Date moved to this address:		
Previous address (complete mailing address): Date moved to this address:		

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Employment History		
List applicant's employer (s) for the last 5 years. Length of time with present employer:		
Previous employer (name of direct supervisor): Job Title: Dates of employment:		
Previous employer (name of direct supervisor): Job Title: Dates of employment:		
Previous employer (name of direct supervisor): Job Title: Dates of employment:		
Marriage/Relationship History		
Date of marriage: Date of legal termination:		
Date of marriage: Date of legal termination:		

Verification of marriage, divorce, legal separation (dates verified and documentation number):

Authorizations

In making our (my) application to the Division of Children and Family services for placement of a child, we (I) understand there is not a commitment by the agency that a child will be placed in our (my) home. The agency is free to consult with the persons or entities named herein. We (I) understand that the Department will not limit their inquiries to those persons identified herein. The Department reserves the right to request the consent of the applicant(s) to contact additional community/personal references. The statements in this application are, to the best of our (my) knowledge and true belief, correct and complete. Knowingly providing false information on this application form can result in the Department closing the adoption application.

Signature Applicant #1

Date Signed

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Signature Applicant #2

Date Signed

Contact and Collateral Information

Date	Individuals Present	Location of Meeting

Neighborhood Information

Describe the family's neighborhood (rural, residential, urban, industrial, etc.), racial and socioeconomic composition. Describe resources (medical facilities, churches, parks, and shopping) that are in the vicinity of the neighborhood.

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Other Record Checks

Wisconsin Department of Justice Criminal Record Check was completed on each adult member of household and findings are on file in study record (Y/N) ____ (please refer to attached checklist)

Record contains information which verifies the financial status of applicants and birth, marriage, divorce, military and naturalization information required by HSS 51.50 (4) (a) (Y/N) ____ (please refer to attached checklist)

Record contains information from prior adoption or foster home studies or other public records including:

Medical Recommendations

Record contains recommendations of a physician for each applicant according to HSS 51.50 (5) (d) (Y/N) ____

Please describe any concerns indicated by the physician: _____

Licensing Information

Assessment of family and home included foster home eligibility requirements HSS 51.50 (5) (b). This home meets all HSS 56 requirements (Y/N) ____

This home meets requirements of HSS 56 with the following exception(s):

Liability insurance information is included in home study file. (Y/N) ____

Administrative Rule Requirements

All eligibility requirements of HSS 51.50 (5) are met (Y/N) ____

Describe any exception(s) made to the eligibility requirements of HSS 51.50 (5):

References Contacted:

Name:	Address:	Relationship/Status	Dictation on File?
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Training Completed

	List Date(s)	List Topic(s) Covered	# of Hours	How Delivered
Applicant # 1				
Applicant # 2				

(Complete after Finalization of AFA)

Type of Child Approved for Placement per Assessment:

Age Range: Sex: Race(s):

Note: If this is a conversion home study omit the following and go to: "Additional required home study information."

Sibling Group, size, sex, and other considerations: _____

Approved for possible legal risk placement?

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Special Needs/Conditions of Child(ren) appropriate and inappropriate for this home: (rate those needs which apply according to relative severity with #0 indicating "none," #1 indicating "mild," #2 indicating "moderate," and #3 for "severe.")

_____ Physical & Personal

_____ Behavioral

_____ Emotional

Explain Other Placement Conditions:
